

basis, with this time frame being determined at the local level.

- c. Determine eligibility through use of the video system or toll-free numbers prior to providing screening. Within sixty days after screening has been provided, obtain a transaction number in order to project fiscal encumbrances and to generate the billing documents.
- d. Assure maximum coordination of existing screening and treatment services to avoid duplication of such services under the program.
- e. Perform necessary follow-up and referral in accordance with attached plan (Appendix I, Part B) to assure that eligible CMS children receive required services provided under the Florida Medical Assistance Plan (Medicaid).
- f. Notify the local SES Office through use of a referral form, such as, DFS-S-105, of any diagnosis and/or treatment given to the eligible.
- g. Notify the respective County Health Department and the terminal video operator when an eligible screening recipient is no longer a client of CMS.
- h. Using the attached form (Appendix II), CMS Offices are to report to SES through the Health Program Office at the end of each month the total number of children in each county screened, health defects identified and referrals or other dispositions made.
- i. Insure that reports showing the extent of services provided to eligible children receiving initial and periodic screening services are maintained for continuity of care for avoidance of unnecessary repetition, and make such records available,

11-26-79

MED-79-03

11-15-79

A222-80

eff. 11-1-79

for inspection audit by authorized representatives of the Comptroller General of the United States, the Department of Health, Education and Welfare, and/or the SES Program Office, as necessary.

2. Children's Medical Services will:

- a. Promulgate procedural regulations to District CMS Offices to insure timely scheduling of eligibles and uniformity in the screening of Medicaid eligibles.
- b. Provide training to CMS personnel at the District level.

3. The Health Program Office will:

- a. Monitor to assure that, when notified by CMS of any new Medicaid clients CMS is serving, each respective CHD will update their monthly eligibility listing.
- b. Provide training to CMS personnel at the State level.
- c. Work with SES and CMS personnel to assure maximum coordination of existing screening and treatment services to avoid duplication of such services under the program.

4. The Social and Economic Services Program Office will:

- a. Take necessary steps to assure that eligibles have in their possession a valid Medicaid I.D. card.
- b. Make arrangement with the Office of Management Systems (OMS) to identify Medicaid eligible children by county and to provide each District CMS office with a monthly listing of eligibles giving family number, month and year of birth, and address of adult family member or guardian.
- c. Insure that payments for periodic screening services will be made to the Children's Medical Services Program Office and the DHRS Laboratory providing the service at the rate provided for in the Legislative Appropriations Act.

11-26-74

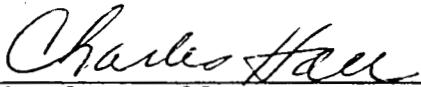
MED-74-63

11-15-74

12-22-80

eff. 11-1-74

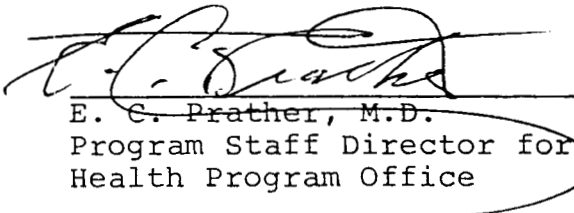
- d. Assure that program regulations and instructions, including billing procedures, are issued to the CMS Program Office.
- e. Oversee the coordination between CMS and HPO in providing screening services.
- f. Insure that the local SES Office will provide supportive services to CMS Medicaid eligibles when requested.
- g. Coordinate the evaluation and monitoring of the pilot project.



Charles Hall
Program Staff Director for
Social and Economic Services
Program Office

MAR 14 1977

Date



E. C. Prather, M.D.
Program Staff Director for
Health Program Office

23 Mar 77

Date

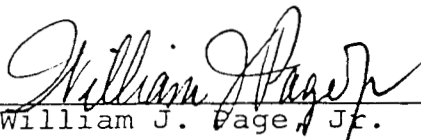


Julia St. Petery, M.D.
Program Staff Director for
Children's Medical Services
Program Office

21 Mar 77

Date

APPROVED:



William J. Page Jr.
Secretary
Department of Health and
Rehabilitative Services

April 10, 1977

Date

11-26-79

9ED-79-63

11-15-79

A2-2-80

off. 11-1-79

0000

APPENDIX I

FLORIDA MEDICAL ASSISTANCE PLAN (MEDICAID)

FOR

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT)

The screening process and recommended follow-up, as outlined herein, are intended to assure that eligible beneficiaries receive service and/or treatment for defects or pathology detected during the screening procedure. Although all components of the screening procedure are recommended if applicable for age and sex, participation is entirely voluntary on the part of the recipients.

PART A - SCREENING PROCESS

Each eligible beneficiary will have an inspection of the eyes, ears, nose, throat and mouth including teeth and gums, and will be checked for such obvious physical abnormalities as hernia, skeletal and skin disorders, and malnutrition.

Routine laboratory examinations will be performed, including urinalysis, hemoglobin and/or hematocrit, electrophoresis for hemoglobinopathies such as sickle cell, and tests as indicated for intestinal parasites.

Each eligible beneficiary will have an intradermal tuberculin skin test unless he is known to be tuberculin positive or to have had a negative tuberculin skin test within the preceding six months.

The immunization record will be examined and additional immunization provided in indicated.

The results of screening procedures and tests will be entered on the individual's record. Individuals with defects or abnormalities shall be referred for follow-up.

PART B - RECOMMENDED FOLLOW UP

ABNORMAL FINDINGS

DISPOSITION

Dental

Emergency** and Preventive Services

Refer to dental clinic when free services are provided for indigent. If clinic services are not available refer to private dentist.

Routine Restoration Services

Refer to private dentist.

**American Dental Association Definition

Nutrition

Malnutrition, Obesity, other abnormality

Complete according to established Health Department Procedure

11-26-79

MED-79-03

11-15-79

A2-22-80

eff. 11-1-79

Continued

<u>Speech Defect</u>	Refer to E.N.T. specialist or to speech and hearing clinic (Medicaid referral)
<u>Nose and Throat</u>	
Pathology	Refer to physician (Medicaid)
Mouthbreathing	Refer to physician (Medicaid)
<u>Glands, Thyroid</u>	
Enlarged glands	Observe or refer to physician (Medicaid) according to established Health Department Policy
Hypo/Hyperthyroidism (suspect)	Refer to physician (Medicaid)
<u>Heart</u>	
History, signs or symptoms of heart disease or rheumatic fever	Refer to physician (Medicaid)
<u>Chest</u>	
Pulmonary infection, wheezing, acute or chronic cough	Refer to physician (Medicaid)
<u>Abdomen</u>	
Abdominal Mass (suspect)	Refer to physician (Medicaid) or complete according to established Health Department procedures (e.g. pregnancy)
Umbilical hernia	Refer to physician (Medicaid) if symptomatic
Inguinal hernia	Refer to physician (Medicaid)
<u>Genitalia and Urinary Tract</u>	
Discharge or Urinary Tract Infection	Refer to physician (Medicaid) or complete according to established Health Department policy
<u>Male</u>	
Undescended testicle	Refer to physician (Medicaid)
Hydrocele	Refer to physician (Medicaid)
Hypospadias	Refer to physician (Medicaid)
Phimosis, severe	
<u>Urinalysis</u>	
Positive test (Dip Stick) for glucose or albumin	Refer to physician (Medicaid)

11-26-79

MED 79-03

11-15-79

A22280

eff. 11-1-79

01

Anemia

Based on low hemoglobin or
hematocrit level

Refer to physician (Medicaid)
except in mild or borderline anemia attributed
to iron deficiency, may defer referral one
month pending result of iron and dietary
treatment.

Intestinal Parasites

Positive test

Follow up according to established Health
Department procedures

Tuberculin Skin Test

Positive Intradermal test

Follow up according to established Health
Department procedures

Incomplete Immunizations

Complete according to established Health
Department procedures

11-26-79

MED-7403

11-15-79

A2-22-80

ff 11-1-79

CLINICAL

FLORIDA MEDICAL ASSISTANCE PLAN (MEDICAID)
FOR
EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT OF CHILDREN

Report for 0-5
Years of Age

(Name of Screening Agency)

(Address)

Report for month of _____ 19_____
Total children screened _____
Total children referred _____
Health Department referrals _____
Private Physician referrals _____
Private dentist referrals _____
Other referrals _____

CONDITIONS FOUND	NUMBER	REFERRED TO
peri-Dental Abscess		
Caries, Other Oral Pathology		
Obesity, Other Nutrition Problem		
Club Foot		
Osteoporosis		
Other Orthopedic/Musculo-Skeletal Abnormalities		
Mental Retardation		
Seizures		
Other Neurological Conditions		
Headworm, Pediculosis, Other Scalp/Hair Pathology		
Scabies		
Other Skin Pathology		
Impaired Vision		
Ear Defects or Pathology		
Impaired Hearing		
Otitis Media		
Speech Defect		
Spinal Deformity		
Chronic Tonsillitis		
Enlarged Lymph Glands		
Goiter/Hyperthyroidism		
Abnormal Heart Condition(History,signs,symptoms)		
Intermittent Fever(History,signs,symptoms)		
Hypertension		
Glaucoma		
Abdominal Mass,Pregnancy Suspect or Confirmed		
Other Abdominal Mass, Suspect		
Hydronephrosis		
Hydrocele		
Hypospadias		
Phimosis,severe		
Urethral Tract Infection		
Urine Analysis Positive for Albumin		
Positive for Glucose		
Anemia, Sickle Cell Suspect		
Other Anemia		
Intestinal Parasites		
Tuberculin Skin Test Positive		
Vaccination Incomplete		
Indication of Child Abuse or Neglect		
Genital Disease		
Lead Poisoning		
Other (specify)		
Other (specify)		

Monthly Medicaid Screening Report

FORM 492B,MAR 1977(Replaces HRS/HPO/FH72/05)(R-2)

Mail to: Medicaid Screening Program
Child Health, Health Program Office
Department of HRS
1323 Winewood Boulevard
Tallahassee Florida 32301

FOR EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT OF CHILDREN

Report for
Years of Age

Report for month of _____ 19____
Total children screened _____
Total children referred _____
Health Department referrals _____
Private Physician referrals _____
Private dentist referrals _____
Other referrals _____

(Name of Screening Agency)

(Address)

CONDITIONS FOUND

NUMBER

REFERRED TO

Carious-Dental Abscess		
Caries, Other Oral Pathology		
Obesity, Other Nutrition Problem		
Club Foot		
Spina Bifida		
Other Orthopedic/Musculo-Skeletal Abnormalities		
Mental Retardation		
Seizures		
Other Neurological Conditions		
Head Lice, Pediculosis, Other Scalp/Hair Pathology		
Eczema		
Other Skin Pathology		
Impaired Vision		
Ear Defects or Pathology		
Impaired Hearing		
Otitis Media		
Speech Defect		
Craniofacial Deformity		
Chronic Tonsillitis		
Enlarged Lymph Glands		
Goiter/Hyperthyroidism		
Abnormal Heart Condition(History, signs, symptoms)		
Febrile Fever(History, signs, symptoms)		
Hypertension		
Glaucoma		
Abdominal Mass, Pregnancy Suspect or Confirmed		
Other Abdominal Mass, Suspect		
Diarrhea		
Hydrocele		
Hydrothorax		
Immunodeficiency, severe		
Urinary Tract Infection		
Urine Analysis Positive for Albumin		
Urine Analysis Positive for Glucose		
Anemia, Sickle Cell Suspect		
Other Anemia		
Intestinal Parasites		
Tuberculin Skin Test Positive		
Vaccination Incomplete		
Indication of Child Abuse or Neglect		
Sexual Abuse		
Lead Poisoning		
Other (specify)		
Other (specify)		

Monthly Medicaid Screening Report

MS FORM 492B, MAR 1977(Replaces HRS/HPO/FH72/05)(R-2)

Mail to: Medicaid Screening Program
Child Health, Health Program Office
Department of HRS
1323 Winewood Boulevard

#86

AGREEMENT

BETWEEN

CHILDREN'S MEDICAL SERVICES PROGRAM OFFICE,

HEALTH PROGRAM OFFICE,

SOCIAL AND ECONOMIC SERVICES PROGRAM OFFICE

AND

MEDICAL SERVICES OFFICE

INCORPORATING

CHILDREN'S MEDICAL SERVICES

As a Provider of Screening Services

Under the

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT PROGRAM

ON A

PILOT PROJECT BASIS

Effective November 1, 1978, a pilot project establishing Children's Medical Services as a provider of screening services under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program will be instituted in HRS District II-B. Children's Medical Services participation as a provider of screening services on a pilot project basis is considered appropriate for reasons which include the following:

1. To ensure that CMS/Medicaid eligible individuals are screened and that appropriate services are provided, and
2. To prevent duplication of services provided during screening (it is estimated that 30% of CMS clients are Medicaid eligible).

11-26-79

MED-79-03

11-15-79

11-22-80

11-1-79